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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/072,613
Filing Date	2/5/02
First Named Inventor	Cao
Art Unit	
Examiner Name	
Attorney Docket Number	5061.8

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**


Please withdraw me as attorney or agent for the above identified patent application, and

☒ all the attorneys/agents of record.☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

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CORRESPONDENCE ADDRESS1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	CAO Group, Inc.				
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